

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to the use of Pencils on each of the following

Health Department, City of Baltimore.

Permit No. 99270 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, with 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1887

Full Name of Deceased, Hedwig Wach { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female { Cross out the word not required in this line. }

Age, 9 Years, 9 Months, - Days.

Color, White

Married, Single, Widow or Widower { Cross out the words not required in this line. }

Occupation, Sewing

Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 days

Place of Death, McMurrin Hospital - Essex & Lombard St { Give Street and Number. }

Cause of Death, Heart Failure { First (Primary), Second (Immediate), }

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 16th 1887

Undertaker, H. Sander Frank Minter M. D.

Place of Business, 710 Canton St Address, McMurrin Hospital Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99271 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adeline Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, — Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, { Give Street and Number. } 637 W. Hoffman St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
111 21

Duration of Last Sickness, At least 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16, 1887

Undertaker, Alex. Kennedy E. C. Price & Son M. D. Medical Attendant.

Place of Business, 1541 Orchard St. Address, 953 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99272 Office of Registrar of ~~Vital~~ Statistics. Ward 19th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Waters

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 8 Years, 8 Months, 1 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Vincent alley #1136

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Apr 17th 1887

Undertaker, Saml W. Chase L. S. Spanow M. D.

Place of Business, 641 S. Howard St Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 9273 Office of Registrar of Vital Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15 - 87

Full Name of Deceased, Cattaneo, Mary

Sex, Male or Female, Male

Age, 78 Years, 0 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation, Housekeeper

Birth Place, Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, 1113 S. Sharp St

Cause of Death, Chronic Diarrhoea

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, April 17th 1887

Undertaker, Samuel H. Lynn M. D.

Place of Business, 213 E. 1st St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Ward 13

penalty of law.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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I must return M. D.
Comm^y of Health ~~Medical Assistant.~~ and Registrar
Address,

[OVER.]

John. E. Dunning Inspector

Health Department, City of Baltimore.
Office of Registration and Statistics.
Permit No. 99275
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
Ward 3

CERTIFICATE OF DEATH.

Date of Death, 14th April 1887.

Full Name of Deceased, John O. Neal

Sex, Male or Female, Male

Age, 7 Years, 14 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation, Consulting

Birth Place, Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, Irving Place No 4.

Cause of Death, Convulsiones

Duration of Last Sickness, 8 Days

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 16 1887

Undertaker, E. Brown

Place of Business, 701 N. York St.

Address, S. Walcott 318.

Medical Attendant, M. D.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99276 Office of Registrar of Vital Statistics. Ward 10 ¹¹/₇

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15 1887

Full Name of Deceased, George Albert Fisher { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, Days.

Color, White

~~Married~~ Single, ~~Widow~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } North East corner of Poppleton & Mulberry

Cause of Death, { First (Primary), Second (Immediate), } Feething
convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Soulon Park Cemt

Date of Burial, April 17th 1887

{ Undertaker, John J. Andrews } J. H. Hoffman M. D.

Medical Attendant.

{ Place of Business, 407 Druid Hill } Address, 702 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99277 Office of Registrar of Vital Statistics. Ward 6¹¹/₇

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15, 1889
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie E. Galster.
 Sex, Male or Female, { Cross out the word not required in this line. }
 Age, 19 Years, — Months, — Days.
 Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 2028 E. Biddle Street

Cause of Death, { First (Primary), Second (Immediate), } Childbirth
Pelvic Cellulitis (Puerperal)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, Apr. 16, 1889

Undertaker, John Henning M. D.

Place of Business, 2008 Calver St. Address, 1429 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 99278 Office of Registrar of Vital Statistics. Ward 3¹¹/₄

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta L. Mason -

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 42 Years, Months, Days,

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balta, Md -

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 36 S. Bond Street -

Cause of Death, { First, (Primary.) Second, (Immediate.) } Paralysis -

Duration of Last Sickness, About 5 weeks -

All the above information should be furnished by the Physician.

Place of Burial, London Park, Cem.

Date of Burial, April 17th 1887

Undertaker, J. B. Cook Medical Attendant, N. L. Schiell Jr. M. D.,

Place of Business, 1003 N. Balto. St Address, 400 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit **89279** Office of Registrar of Vital Statistics. Ward **19**
 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **Apr. 14th 1887**
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Ellen Crystal Pentz**
 Sex, **Male** or Female, { Cross out the word not required in this line. }
 Age, **15** Years, **3** Months, **23** Days
 Color, **White**
 Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }
 Occupation, _____
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } **City** **Lifetown**
 Duration of Residence in the City of Baltimore _____
 Place of Death, { Give Street and Number. } **1418 W. Fayette St**
 Cause of Death, { First (Primary), **Intestinal Obstruction**
 { Second (Immediate), **Collapse**
 Duration of Last Sickness, **4 days**
 All the above information should be furnished by the Physician.
 Place of Burial, **Green Mt. Cemetery**
 Date of Burial, **April 17th 1887**
 { Undertaker, **Denny & Mitchell** M. D. **A. B. Sullivan**
 { Place of Business, **530 W. Fayette St** Address, **J. E. Biddle St** Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]